



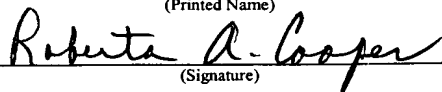
08-07-06

JFW #
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Atty. Dkt. No. 039153-0693 (H1718)

CXIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Xiang et al.
Title: SHALLOW TRENCH
ISOLATION PROCESS
AND STRUCTURE WITH
MINIMIZED STRAINED
SILICON CONSUMPTION
Appl. No.: 10/755,602
Filing Date: 1/12/2004
Examiner: Jack Chen
Art Unit: 2813
Confirmation No.: 9549

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 904367259 US (Express Mail Label Number)	08/04/06 (Date of Deposit)
Roberta A. Cooper (Printed Name)	
 (Signature)	

AMENDMENT TRANSMITTAL

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Amendment and Reply (8 pages).
- [X] Declaration Under 37 C.F.R. § 1.131 of James N. Pan (2 pages).
- [X] Declaration Under 37 C.F.R. § 1.131 of Jung-Suk Goo (2 pages).
- [X] Exhibit A for Declarations under 37 C.F.R. § 1.131 (2 pages).
- [X] Petition Under 37 C.F.R. 1.47(a) 2 pages).
- [X] A credit card payment form in the amount of \$130.00 is enclosed in payment of Petition fee.
- [X] Statement of Facts in Support of Petition Under 37 C.F.R. § 1.47(a) (2 pages).
- [X] Copy of letter to Qi Xiang dated July 10, 2006 (1 page).

- [X] Copy of both sides of Certified Mail return post card signed by Qi Xiang (2 pages).
- [X] Information Disclosure Statement Under 37 CFR § 1.56 (3 pages).
- [X] Form PTO/SB/08 (3 pages) with 68 listed references (16 included).
- [X] A credit card payment form in the amount of \$180.00 in payment of the IDS fee is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	17	-	20	=	0	x	\$50.00	=	\$0.00
Independent Claims:	3	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL								=	\$0.00

- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$120.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$120.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$120.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$120.00

A credit card payment form in the amount of \$120.00 in payment of one-month extension of time is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8/4/06

By 

FOLEY & LARDNER LLP
Customer Number: 34083
Telephone: (313) 234-7150
Facsimile: (313) 234-2800

Marcus W. Sprow
Attorney for Applicant
Registration No. 48,580



FOLEY & LARDNER LLP



July 10, 2006

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CLIENT/MATTER NUMBER
039153-0693

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Qi Xiang
1119 Thames Drive
San Jose, CA 95129

Re: U.S. Patent Application No.: 10/755,602
Filing Date: 01/12/2004
Title: SHALLOW TRENCH ISOLATION PROCESS AND STRUCTURE
WITH MINIMIZED STRAINED SILICON CONSUMPTION
Inventor(s): Xiang et al.
Our Ref.: 039153-0693
Your Ref.: H1718

Dear Mr. Xiang:

We represent Advanced Micro Devices, Inc. in patent matters.

We are in the process of responding to an Office Action for the above-identified patent application, on which you are listed as an inventor. Further details are provided in the attached materials.

Please review, sign, and return the attached Declaration under 37 C.F.R. § 1.131 at your earliest convenience. You may return this document to me by any means you find convenient (e-mail, fax, mail, etc.).

Thank you in advance for your assistance with this matter. If you have any questions, please do not hesitate to contact me at (313) 234-7150 or at msprow@foley.com.

Very truly yours,

Marcus W. Sprow

Enclosure(s)

VIA CERTIFIED MAIL

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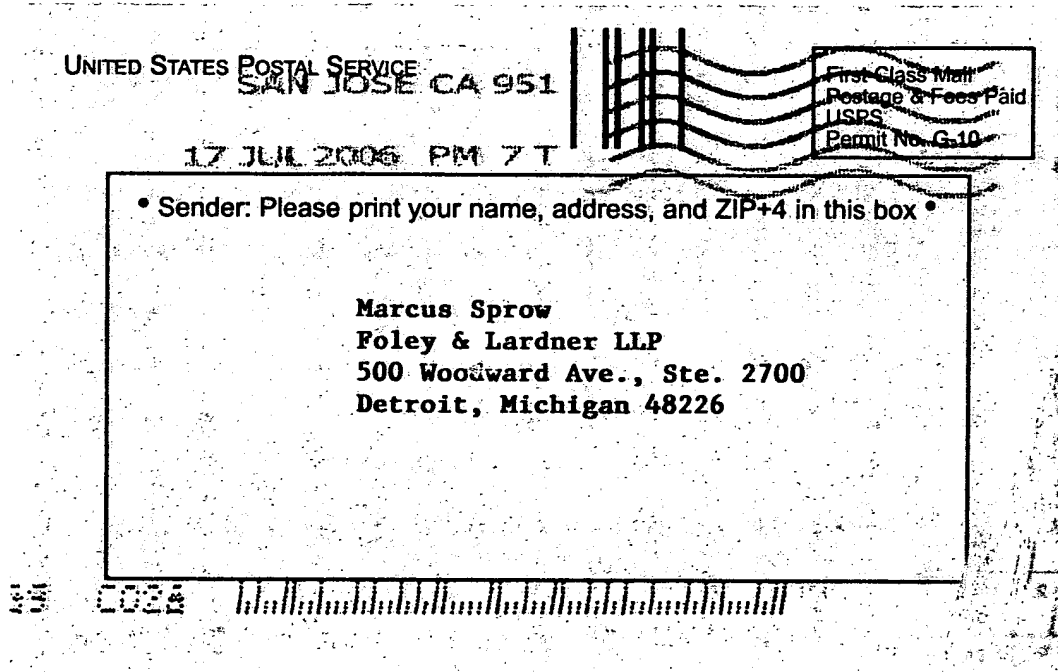
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>Qi Xiang</u></p>	
<p>1. Article Addressed to:</p> <p>Qi Xiang 1119 Thames Drive San Jose, CA 95129</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><u>Qi Xiang</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7001 1940 0002 1081 2398</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540